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ABSTRACT

The state of Connecticut initiated a statewide program of systematic needs assessment for children's mental health services in 1986-1987. A stratified random sample of children ages 6 to 11 was drawn from registration lists of all public, private, and parochial schools. Of 79 schools, 56 were sampled, and 54 agreed to participate in the survey. Questionnaires were distributed with six phases of notification and follow-up for parents, and three for teachers. Parents (N=822) and teachers (N=501) completed questionnaires covering such areas as demographic and social characteristics; emotional and behavioral symptomatolgy; perceived need for services and service utilization profiles; barriers to treatment; and academic data on school performance. The results indicated that 11 percent of parents in this inner city population reported at least one barrier to treatment, with the most commonly cited barrier being that the parent did not know how to obtain services for their child, followed by cost of services. A second set of descriptive analyses examined the profile of treatment barriers among children who were screened as potentially needing mental health services. At least one barrier to treatment was reported by parents for 30 percent of children who were screened as needing mental health services. Lack of knowledge about services and cost were the most frequently reported barriers. The results suggest that there are distinct different treatment barriers experienced by different high-risk populations in the inner city. (ABL)

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THE CONNECTICUT CHILDREN'S MENTAL HEALTH NEEDS ASSESSMENT PROGRAM: BARRIERS TO TREATMENT

PAPER PRESENTED AT THE 1988 AMERICAN PUBLIC HEALTH ASSOCIATION MEETINGS, BOSTON, MA

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The State of Connecticut has initiated a statewide program of systematic needs assessment for children's mental health services. A large scale pilot survey for this program was conducted in New Haven, Connecticut in 1986-1987. The objective of this report is to provide information on barriers to treatment in an urban community.

Sample

A stratified random sample of children ages 6 to 11 was drawn from registration lists of all public, private, and parochial schools in Connecticut in which New Haven children were enrolled as students. Of 79 such schools, 56 were sampled, and 54 agreed to participate in the survey. Questionnaires were distributed with six phases of notification and follow-up for parents (a flyer, two school survey distributions, a post-card reminder, a telephone follow-up, and home visits), and three for teachers (two school distributions and a post-card reminder).

Eight hundred twenty two parent questionnaires were returned and processed. The completion rate for parent questionnaires was 70% of all parents who could be located for intensive follow-up, and 56% of all eligible children in the sample. The refusal rate by parents was 10%. Seventy eight percent of parents gave permission for school information to be obtained on their child. Seventy eight percent of teachers responded to the survey, and a total of 501 teacher questionnaires were processed. In order

to examine possible effects of non-response bias, statistical analyses of the survey data can be conducted using sampling weights that incorporate non-response effects. Results of weighted and unweighted survey analyses are comparable; unweighted data are presented in this paper.

The demographics of the sample are comparable to the 1980 Census data for New Haven. Fifty-two percent of the children are Black (n=423); 16% are Latino (n=134); 29% are White (n=238); 3% are of other races/ethnicities (n=21). Over one-third of the sample have family incomes below the poverty level. In one-half of the sample there is no father figure residing at home. Twenty percent of the mothers who completed the questionnaire described themselves as never married.

Measures

The parent and teacher questionnaires were self administered and covered such areas as demographic and social characteristics; emotional and behavioral symptomatology (Achenbach and Edelbrock's Child Behavior Checklist and Teacher's Report Form); perceived need for services and service utilization profiles; barriers to treatment; and academic data on school performance. Spanish language translations of all instruments and instructional materials were prepared for this survey. Barriers listed on the parent questionnaire included:

-service availability

-quality of services

-cost

-distance

-knowledge about services

-fear of labelling the child

-spouse or community disapproval

-child refusal to receive services

Results

A descriptive analysis of barriers to treatment indicated that 11% of parents in this innner city population reported at least one barrier to treatment. The most commonly cited barrier was that the parent did not know how to obtain services for their child. Six percent of parents in this representative sample reported this barrier. High cost of services was the second barrier to treatment, reported by 2.6% of the sample. Other barriers such as distance, quality of services, fear of labelling, spouse or community disapproval, or the child's refusal to enter treatment were infrequently mentioned. Adjustment for non-response in weighted analyses did not alter the reported frequencies for any of the barriers under study.

A second set of descriptive analyses examined the profile of treatment barriers among children who were screened as potentially needing mental health services. These children were identified in one of two ways: (1) by scoring above a clinical threshold on symptom checklists (Achenbach and Edelbrock Child

Behavior Checklist) completed by parents and teachers in the needs assessment survey; or (2) by parents or teachers indicating that the child needs help for a problem on the symptom checklist. At least one barrier to treatment was reported by parents for 30% of childen who were screened as needing mental health services. Lack of knowledge about services was reported by 17% of parents whose children needed services, and cost was reported as a barrier by 7.1% of these parents. Again, other barriers were infrequently mentioned.

Within an inner city population there are a number of distinct high risk populations of special concern to service providers. These include: teenage mothers, minority groups, single parents, working mothers, and high school drop outs. We conducted a separate series of analyses examining the profile of service barriers in these groups. These analyses were focused upon the most frequently reported barriers: lack of knowledge about how to obtain services, and cost. Also, three somewhat infrequently reported barriers were grouped: labelling, spouse disapproval, and community disapproval. These barriers represent social barriers to treatment.

The results of our analyses suggest that there are distinct different treatment barriers experienced by different high risk populations in the inner city. Single mothers were the high risk group most likely to report a barrier to treatment

(Table I). Lack of knowledge about how to obtain services was reported most frequently by these mothers (Odds Ratio=3.6, 95% C.I. [1.9, 6.5]). Lack of service information was also reported more often among Latino mothers than non-Latino mothers in the sample (Odds Ratio=2.0, 95% C.I. [1.1, 3.8]). Cost was only reported as a barrier among mothers who had given birth to their children while teenagers; this association was only marginally significant (Odds Ratio=2.6, 90% C.I. [1.1, 6.3]). We failed to detect any high risk group reporting elevated rates of social barriers to treatment. In fact, our data indicated a trend suggesting that this class of barriers may be found more often among the socially advantaged members of the community; mothers with higher education reported this barrier more often than high school drop outs (Odds Ratio=3.6, 90% C.I. [1.04, 12.4].

Author Notes

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TABLE 1
PERCENT OF HIGH RISK GROUPS REPORTING ANY BARRIER TO RECEIVING CHILDREN'S SERVICES

	% OF TOTAL SAMPLE	% OF CHILDREN SCREENED AS NEEDING SERVICES
ALL PERSONS REPORTING BARRIERS	11.0% (91/822)	30.5% (91/298)
SPECIAL POPULATIONS FOR SERVICE PLANNING:		
RACIAL MINORITIES		
-BLACKS	11.2% (48/428)	30.4% (48/158)
-HISPANICS	13.2% (18/136)	34.0 (18/53)
SINGLE PARENT MOTHERS	15.0% (52/346)*	36.9% (52/141)**
WORKING MOTHERS	11.5% (46/399)	35.7 (46/129)
MOTHERS WITHOUT HIGH SCHOOL DIPLOMAS	11.7% (27/231)	28.1% (27/96)
TEENAGE MOTHERS	15.6% (14/90)	40.0% (14/35)

*Odds ratio 2.0, 95% C.I. (1.3, 3.1)
**Odds ratio 1.8, 95% C.I. (1.1, 2.9)